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MOTOROLA LAB DEPT	Fax:602-952-4376	Nov 20 2002 12:42	P.01
DOCKET NO. MCG00215			
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Date:	November 20, 2002		
To:	Kieu Oanh T. Bui - 2611		
Location:	United States Patent and Trademark Office		
Fax No.:	703-872-9314		
From:	Kevin D. Wills - 43,993		
Subject:	09/071,046- Jurgen Reinold		MCG00215
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<u><b>PLEASE GIVE THESE PAPERS TO:</b></u>			
<small>EXAMINER: Kieu Oanh T. Bui          GROUP ART UNIT: 2611          SERIAL NO.: 09/071,046          FILED: MAY 4, 1998          INVENTOR: JURGEN REINOLD</small>			
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Date: November 20, 2002  
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**EXAMINER: Kieu Oanh T. Bui**  
**GROUP ART UNIT: 2611**  
**SERIAL NO. 09/071,046**

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Motorola, Inc.  
Law Department  
3102 North 56<sup>th</sup> Street  
Phoenix, Arizona 85018  
Telephone: 602-952-4399  
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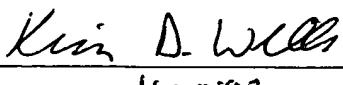
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Kevin D. Wills, REG. NO. 43,993

# TRANSMITTAL FORM

		Application Number	09/071,046
		Filing Date	May 4, 1998
		First Named Inventor	Jurgen Reinold
		Group Art Unit	2611
		Examiner Name	Kieu Oanh T. Bui
Total Number of Pages in this Submission	8	Attorney Docket Number	MCG00215

<b>ENCLOSURES</b>			<b>(check all that apply)</b>
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below)	<input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> RCE
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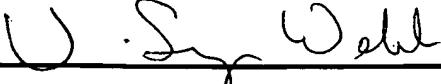
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Kevin D. Wills	Registration No.	43,993
Signature			
Date	11/20/02		

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